



# Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E  
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496  
Facsimile (225) 925-6499  
Web address: [www.labp.com](http://www.labp.com)  
Email: [labp@labp.com](mailto:labp@labp.com)

## APPLICATION FOR PHARMACY TECHNICIAN CERTIFICATE

**NOTE:** If you have not obtained a Pharmacy Technician Candidate Registration (formerly known as a work permit) to earned the hours required for certification you have the wrong application. Return to the Forms / Applications menu on the Board's web site at [www.labp.com](http://www.labp.com) and print the *Application for Pharmacy Technician Candidate Registration*.

### APPLYING FOR YOUR LOUISIANA PHARMACY TECHNICIAN CERTIFICATION:

- Review your application package before you submit it! Incomplete packages will be returned unprocessed.
- Your Louisiana Pharmacy Technician Certificate, once approved by the Board, will not be released to you until the Louisiana Office of Student Financial Assistance has verified that you do not have any defaulted student loans and the LA Department of Social Services has verified that you are not in default of any court-ordered child support payments.
- **All Certificates expire on June 30<sup>th</sup> regardless of the date your certificate is issued.**

### TO APPLY FOR YOUR LOUISIANA PHARMACY TECHNICIAN CERTIFICATE, YOU MUST SUBMIT THE FOLLOWING ITEMS TO THE LOUISIANA BOARD OF PHARMACY:

- 1) Properly completed *Application for Pharmacy Technician Certificate*.
- 2) Check or money order for \$100 payable to Louisiana Board of Pharmacy.
- 3) Legible copy of your PTCB Wall Certificate (**not** the wallet ID card)
- 4) Properly completed *Preceptor's Affidavit(s)*
  - A separate Affidavit must be completed for each pharmacy where you earned hours.

#### FOR APPLICANTS WITH A 12 MONTH (GRAY) REGISTRATION:

- Submit Preceptor's Affidavit(s) documenting a minimum of **500** practical experience hours.

#### FOR APPLICANTS WITH AN 18 MONTH (TAN) REGISTRATION:

- Submit Preceptor's Affidavit(s) documenting a minimum of **600** practical experience hours.
- If your registration was issued based on enrollment in a Board-approved training program, at least 200 of your hours must have been earned during and as part of your structured program.

- 5) Proof of completion document from your Board-approved training program
  - If you earned your hours under a 12-month (GRAY) registration, this item is not required.
  - If you earned your hours under an 18-month (TAN) registration, which was issued based on possession of a PTCB certificate, this item is not required.
  - **Proof of completion document** must match the sample provided to the Board by your training program. Please speak to your program administrator to determine the correct document.

### DOCUMENTING YOUR HOURS ON A PRECEPTOR'S AFFIDAVIT:

- All hours you earn as a pharmacy technician candidate must be documented on a Preceptor's Affidavit.
- Read the form carefully before you begin completing it.
- If your Preceptor's Affidavit is not completed properly, it will be voided by Board staff and you will be asked to complete a new document.
- Hours must be mailed to the Louisiana Board of Pharmacy, not PTCB
- Maximum credit allowed is 50 hours per week.
- **DO NOT** attempt to make any corrections after the Preceptor's Affidavit has been notarized.
- **DO NOT** record hours earned **before the issue date** of the registration
- **DO NOT** record hours earned **after the expiration date** of the registration

## INSTRUCTIONS FOR COMPLETING THE PRECEPTOR'S AFFIDAVIT:

- 1) Read all statements on page one before you begin completing it.
- 2) Section 1 is to be completed and notarized by your Pharmacist Preceptor.
- 3) Section 2 is to be completed and notarized by the individual earning the hours.
- 4) Make sure all blanks have an entry.
- 5) Page two of the Preceptor's Affidavit may be photocopied as needed.
- 6) If you earned hours at more than one pharmacy, you must complete and submit a separate Preceptor's Affidavit for each pharmacy.
- 7) Make sure your dates do not overlap from one week to the next.
- 8) Record **partial** hours as follows:

15 minutes = .25      30 minutes = .50      45 minutes = .75

Sample of a **Correct** Entry:

WEEK BEGINNING: MM <u>02</u> DD <u>02</u> YYYY <u>2003</u>				WEEK ENDING: MM <u>02</u> DD <u>08</u> YYYY <u>2003</u>				Total Hours Earned This Week Only
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER DATE HOURS WORKED HERE →	2/2	2/3	2/4	2/5	2/6	2/7	2/8	
ENTER NUMBER OF HOURS EARNED HERE →		8	4.5	5	3		7.25	<u>27.75</u>

## MAINTAINING YOUR STATE CERTIFICATE:

- It is your responsibility to know the laws regarding your ability to function as a Certified Pharmacy Technician in Louisiana.
- Failure to abide by any Louisiana Laws or Regulations, or failure to act in a professional manner with respect to your position as a Pharmacy Technician, could result in disciplinary action by the Board, including, but not limited to fines and/or suspension of your certificate, and possible revocation of your certificate.

### RENEWING YOUR STATE CERTIFICATE:

- Your certificate, once issued, will expire every year on June 30<sup>th</sup> regardless of the date it was originally issued. To avoid additional penalties or requirements, your certificate must be renewed on or before June 30<sup>th</sup> annually.
- You do not have to be working in a pharmacy or living in Louisiana to renew your Certificate.

### CONTINUING PHARMACY EDUCATION:

- You are exempt from earning continuing pharmacy education (c.p.e.) for the FIRST renewal you receive.
- Each year thereafter, you must earn c.p.e. in order to renew your license.
- You must earn 10 hours of ACPE-approved continuing pharmacy education credits as a prerequisite for renewing your certificate.
- For a complete list of approved c.p.e. providers, visit ACPE's website at [www.acpe-accredit.org](http://www.acpe-accredit.org).

## LOUISIANA BOARD OF PHARMACY LAWS & REGULATIONS:

- The complete Pharmacy regulation governing pharmacy technicians can be found on the Board's website at [www.labp.com](http://www.labp.com) under the "Laws & Regulations" menu. Select Title 46, Chapter 9 (for the 18-month registration).
- It is your responsibility to know and understand the laws and regulations that pertain to you and your certificate.



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## APPLICATION FOR PHARMACY TECHNICIAN CERTIFICATE PAGE 1 OF 4

### INSTRUCTIONS:

- 1) Legibly print or type all information except signatures.
- 2) Attach a \$100 application fee payable to LA Board of Pharmacy (LA R.S. 37:1184(d)).
- 3) Attach your Preceptor's Affidavit(s) documenting completion of at least 600 practical experience hours (or 500 hours if you have a 12-month (gray) registration).
- 4) Mail all items to the Board of Pharmacy at the address above.

**ALL CERTIFICATES EXPIRE ON JUNE 30<sup>TH</sup> REGARDLESS OF THE DATE ISSUED  
INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED**

### SECTION 1 – PERSONAL INFORMATION

<b>CURRENT LEGAL NAME ( * See below * )</b>			
<b>Full First Name:</b>	<b>Full Middle Name:</b>	<b>Full Last Name:</b>	<b>Suffix (Jr, Sr, III, IV, etc.):</b>
<b>List ALL Other Names Under which You Have Ever Been Known By (Maiden, Married etc.)</b>			
<b>Social Security Number:</b>		<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Present Age:</b>	<b>Place of Birth (City &amp; State/Country):</b>	<b>Gender:</b>	<b>Ethnicity (Optional):</b>

- If your name has changed since you were issued a registration, attach a copy of the document that legally changed your name (marriage license, marriage certificate, divorce papers; a social security card or driver's license is not an acceptable document to prove a name change.)

### SECTION 2 – CONTACT INFORMATION

<b>Mailing Address</b> (Enter only one address. This should be the address where you receive your mail):			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Parish of Residence:</b>
<b>E-mail Address</b> (Optional - Enter only one address):			
<b>Home Telephone:</b> (       )	<b>Work Telephone:</b> (       )	<b>Other Telephone:</b> (       )	

#### **DO NOT WRITE IN THIS SPACE – FOR BOARD USE ONLY**

\$100.00 Received On: \_\_\_\_\_ Check / MO #: \_\_\_\_\_  
App'd for Certification On: \_\_\_\_\_ By: \_\_\_\_\_ Certificate # \_\_\_\_\_ Issued On \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Social Security # \_\_\_\_\_

## APPLICATION FOR PHARMACY TECHNICIAN CERTIFICATE

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#### SECTION 3 – LOUISIANA BOARD OF PHARMACY TECHNICIAN CANDIDATE REGISTRATION

What type of Pharmacy Technician Candidate Registration were you issued?	
_____ 12-Month (GRAY) Registration	Skip Section 4, and proceed to Section 5
_____ 18-Month (TAN) Registration	Proceed to Section 4

#### SECTION 4 – PHARMACY TECHNICIAN TRAINING PROGRAM

Was your Pharmacy Technician Candidate Registration issued based on possession of a PTCB Certificate or enrollment in a Board-approved pharmacy technician training program?	
_____ PTCB Certificate	Proceed to Section 5
_____ Board-Approved Pharmacy Technician Training Program	<p>Enter Name of Program: _____</p> <p>Date Program Completed: _____</p> <p>Attach a legible copy of your Proof of Completion in this program. This document must match the sample provided to the Board by your program administrator.</p> <p>Proceed to Section 5.</p>

#### SECTION 5 – PHARMACY TECHNICIAN CERTIFICATION BOARD (PTCB)

Enter your PTCB Certificate Number to the right and <u>attach a legible copy of your PTCB Certificate</u> . (DO NOT attach wallet ID card or exam results)	
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Applicant Name: \_\_\_\_\_ Applicant Social Security # \_\_\_\_\_

## APPLICATION FOR PHARMACY TECHNICIAN CERTIFICATE

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#### SECTION 6 – OTHER LICENSES / REGISTRATIONS

Have you ever been licensed, registered, certified or otherwise approved to practice as a pharmacist or assist in the practice of pharmacy in any state or jurisdiction, other than PTCB or Louisiana?			____ No      ____ Yes
If you answered "Yes" to the above question, list each jurisdiction below then contact each agency/board and request that they provide the Louisiana Board of Pharmacy with a letter stating the current status of your license/registration/certification with them, including whether or Not you were / are the subject of disciplinary action. Attach additional pages, if necessary.			
License issued by:	License #:	Expiration Date:	Has there been disciplinary action against this license? ____ No      ____ Yes
License issued by:	License #:	Expiration Date:	Has there been disciplinary action against this license? ____ No      ____ Yes

#### SECTION 7 – PHARMACY EMPLOYMENT

List **all pharmacies** where you have worked or volunteered for the past 3 years. Attach additional pages if needed.

Name and Full Address of Pharmacy:	Pharmacy Permit #:	Pharmacist Supervisor:	Dates of Employment:

#### SECTION 8 – CRIMINAL ACTIVITY / DISCIPLINARY ACTIONS

Have you been charged with <b>any type</b> of criminal offense, including arrests, or had any disciplinary or adverse action, taken against you by any other government agency, law enforcement agency, or court <b>in the last three (3) years</b> ?	____ No      ____ Yes
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- If you answered "Yes" to this question, you must attach a letter of explanation and a CERTIFIED COPY of the court judgment in the case for EACH incident.
- If the charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

Applicant Name: \_\_\_\_\_ Applicant Social Security # \_\_\_\_\_

## APPLICATION FOR PHARMACY TECHNICIAN CERTIFICATE

### PAGE 4 of 4

#### SECTION 9 – PHOTOGRAPH IDENTIFICATION

- Staple a **CURRENT** 2 inch x 2 inch passport or portrait-type photograph in the block at the right using one staple at the top and one at the bottom of the photo. Do not use glue or tape.
- **A photograph is required; photographs attached to any previous applications will not be transferred to this application.**
- Photograph must show a **CLEAR** likeness of the applicant's head and shoulders, with eyes open.
- Photograph should include the applicant **ONLY!**
- Photographs reproduced on a copy machine are not acceptable.
- Do not submit a photograph that has been cut from an identification card.

**Staple one (1) 2 inch x 2 inch photograph in this block. Use the guidelines at the left for photograph selection.**

#### SECTION 10 – AFFIDAVIT

**STOP! This section may only be completed in the presence of a Notary Public.**

I, \_\_\_\_\_, being duly sworn, attest to the following statements:  
(Print Applicant's Name)

- I hereby apply for a Pharmacy Technician Certificate
- I am the person referred to in this application and that the photograph attached in Section 9 is a true likeness of me.
- Statements herein contained are true and correct in every respect.
- I further understand that falsification of any information contained on this application and/or any attachments will result in denial of my application.
- I have read and understand this affidavit.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary Public

(SEAL)  
Imprint This  
Sheet Only

County or Parish: \_\_\_\_\_

State of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



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## PRECEPTOR'S AFFIDAVIT CERTIFYING PHARMACY TECHNICIAN CANDIDATE HOURS Page 1 of 2 (All blanks require an entry)

Full name of Pharmacy Technician Candidate:	
Social Security Number:	Issue Date of Pharmacy Technician Candidate Registration:

### SECTION 1 – TO BE COMPLETED BY THE PHARMACIST PRECEPTOR (ALL blanks require an entry)

I, \_\_\_\_\_, holder of license number \_\_\_\_\_, hereby certify that I am a pharmacist in the state of Louisiana and that the above named Pharmacy Technician Candidate was employed at:

Pharmacy Name \_\_\_\_\_ Permit # \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

The above named person has completed a total of \_\_\_\_\_ hours of practical experience at this facility as evidenced by the entries recorded on the attached pages.

#### I further certify that:

- 1) The above named person, under my supervision, did perform duties predominantly related to assisting with the practice of pharmacy as allowed under state and federal laws; and
- 2) To the best of my knowledge the hours submitted herein and the total number of hours attested to are true and correct and that none of these hours were worked prior to the issuance of the Registration or after the expiration of the Registration; and
- 3) To the best of my knowledge and belief, the above named person is competent to practice, or assist in the practice, of pharmacy.

\_\_\_\_\_  
(Notarized Signature of Pharmacist Preceptor)

\_\_\_\_\_  
(Notary Public Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

Notary Public in and for: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Parish/County) (State)

### SECTION 2 – TO BE COMPLETED BY THE PHARMACY TECHNICIAN CANDIDATE (ALL blanks require an entry)

I, \_\_\_\_\_, hereby certify that I earned my practical experience hours at the above named facility as a Pharmacy Technician Candidate under the supervision of a Pharmacist Preceptor. I further certify that, to the best of my knowledge, the total number of hours attested to above and hours recorded on the attached pages are true and correct and that none of these hours were worked prior to the issuance of the Registration or after the expiration of the Registration. I also certify that I am of good moral character and I am not abusing or addicted to alcohol, legend drugs or any controlled dangerous substance(s).

\_\_\_\_\_  
(Notarized Signature of Pharmacy Technician Candidate)

\_\_\_\_\_  
(Notary Public Signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

Notary Public in and for: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Parish/County) (State)

#### FOR BOARD USE ONLY

Hours credited to This Affidavit: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

May 2005

## PRECEPTOR'S AFFIDAVIT – Page 2 of 2

Full name of Pharmacy Technician Candidate:	
Social Security Number:	Issue Date of Pharmacy Technician Candidate Registration:
Name of Pharmacy Where Hours Earned:	

WEEK BEGINNING: MM ____ DD ____ YYYY ____				WEEK ENDING: MM ____ DD ____ YYYY ____				<b>Total Hours Earned This Week Only</b>  _____
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER <u>DATE</u> HOURS EARNED HERE →								
ENTER <u>NUMBER OF HOURS EARNED</u> HERE →								

WEEK BEGINNING: MM ____ DD ____ YYYY ____				WEEK ENDING: MM ____ DD ____ YYYY ____				<b>Total Hours Earned This Week Only</b>  _____
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER <u>DATE</u> HOURS EARNED HERE →								
ENTER <u>NUMBER OF HOURS EARNED</u> HERE →								

WEEK BEGINNING: MM ____ DD ____ YYYY ____				WEEK ENDING: MM ____ DD ____ YYYY ____				<b>Total Hours Earned This Week Only</b>  _____
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER <u>DATE</u> HOURS EARNED HERE →								
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WEEK BEGINNING: MM ____ DD ____ YYYY ____				WEEK ENDING: MM ____ DD ____ YYYY ____				<b>Total Hours Earned This Week Only</b>  _____
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER <u>DATE</u> HOURS EARNED HERE →								
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WEEK BEGINNING: MM ____ DD ____ YYYY ____				WEEK ENDING: MM ____ DD ____ YYYY ____				<b>Total Hours Earned This Week Only</b>  _____
	SUN	MON	TUE	WED	THU	FRI	SAT	
ENTER <u>DATE</u> HOURS EARNED HERE →								
ENTER <u>NUMBER OF HOURS EARNED</u> HERE →								

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May 2005